

## Missouri Oil and Gas Council

Form OGC-3

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐for an oil well ☐or gas well ☐

Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR \_\_\_\_\_ Town Oil Co. DATE 2-20-96  
 16205 W. 287 St. Paola Kansas 66071

Address

City

State

## DESCRIPTION OF WELL AND LEASE

Name of lease

Brooks

Well number

9

Elevation (ground)

908

WELL LOCATION

(give footage from section lines)

750 ft. from (N) (S) sec. line 700 ft. from (E) (W) sec. line

WELL LOCATION

Section 19Township 38NRange 33W

County

Bates

Nearest distance from proposed location to property or lease line:

N/A

feet

Distance from proposed location to nearest drilling, completed or applied for well on the same lease:

N/A

feet

Proposed depth:

75

Drilling contractor, name &amp; address

Town Oil Co.

Rotary or Cable Tools

Rotary

Approx. date work will start

2-20-96

Number of acres in lease:

120

Number of wells on lease, including this well, completed in or drilling to this reservoir:

0

Number of abandoned wells on lease:

0

If lease, purchased with one or more wells drilled, from whom purchased:

Name

N/A

Address

No. of Wells:

producing 0injection 0inactive 0abandoned 0

Status of Bond

Single Well ☐

Amt.

Blanket Bond ☒

Amt

\$60,000

☒ ON FILE  
☐ ATTACHED

Remarks: If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone; use back of form if needed.

N/A

Proposed casing program: N/A

amt.

size

wt./ft.

cem.

Approved casing -- To be filled in by State Geologist

N/A

amt.

size

wt./ft.

cem.

I, the undersigned, state that I am the \_\_\_\_\_ of the \_\_\_\_\_ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature

L. L. Town

Permit Number: 20233Approval Date: 2-21-96Approved By: James R. W. W. W.☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not required

Note: This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council  
 P.O. Box 260 Rolla, Mo. 65401  
 One will be returned for driller's signature

WATER SAMPLES REQUIRED ☐

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.

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Town Oil Co.

DATE 2-20-96

16205 W. 287 St.

Paola

Kansas 66071

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Township 38N

Range 33W

County

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N/A feet

Distance from proposed location to nearest drilling, completed or applied for well on the same lease:

N/A feet

Proposed depth:

75

Drilling contractor, name &amp; address

Town Oil Co.

Rotary or Cable Tools

Rotary

Approx. date work will start

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Name N/A

No. of Wells: producing 0

injection 0

inactive 0

abandoned 0

Status of Bond

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Amt.

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wt./ft.

cem.

Approved casing -- To be filled in by State Geologist

N/A

amt.

size

wt./ft.

cem.

I, the undersigned, state that I am the \_\_\_\_\_ of the \_\_\_\_\_ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature

Lulu Town

Permit Number:

20233

Approval Date:

Approved By:

see Fax

☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not required

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3/12/82



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
PLUGGING RECORD

FORM OGC-7

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Brooks		WELL NUMBER 9	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20233
LOCATION OF WELL 750' FSL 700' FWL		SEC-TWP-RNG OR BLOCK & SURVEY 19-38N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.	HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY)	
DATE ABANDONED 2-22-96	TOTAL DEPTH 17	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY)	WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 sack cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)			
PACKERS AND SHOES			
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	
DIRECTION FROM THIS WELL			
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS		N/A	
MO Oil & Gas Council			
NOTE FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE Luther Town		DATE 3-29-96	

## DETAIL OF FORMATIONS PENETRATED

[illegible]

**NOTE ►**

\* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

**INSTRUCTIONS** ▶ Attach drillers log or other acceptable log of well if available.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.